



# Healthy Aging Update

## Iowa Department on Aging

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### Welcome

The Healthy Aging Update is designed to support Iowa Area Agencies on Aging in administering the Nutrition Program. This issue provides an update nutrition screening and INAPIS outcomes data. It also has more information about the Chef Charles Club nutrition education program and Meals on Wheels Association of America March for Meal activities with local mayors Program. Several resources that may be helpful to nutrition programs are also provided.



### Older American Nutrition Programs Benefits Older Iowans

The Older Americans Act (OAA) Nutrition Program is a cost effective service that assists older persons to fully engage in society and community life, maintain their health and independence, and stay in their own homes and communities for as long as feasible. Food and good nutrition are key factors in successful aging. Together, they help reduce disease related disability, promote health and support increased mental and physical functioning and active engagement with life. The Iowa NAPIS data collected from meal participants demonstrates that the participants need the nutrition program. After they receive the nutrition services, their nutritional health improves. The nutrition program is a health and wellness program that needs to be considered as an integral part of plans to rebalance the long-term services and support system in Iowa.

<b>Nutrition Outcomes 2010 NAPIS Data</b>	<b>Congregate Nutrition Program</b>	<b>Home Delivered Nutrition Program</b>
% at high nutrition risk (HNR)	20.2%	51.8%
% improved or maintaining nutrition score on second screening after receiving services	67.2%	65.5%
<b>Change in responses to selected nutrition screening questions between first and second screenings for HNR participants show improvement over time.</b>		
I eat few fruits or vegetables, or milk products	64.9% to 40.4%	52.4% to 39.9%
I don't always have enough money to buy the food I need	35.8% to 26.1%	35.6% to 22.3%
Without wanting to I have lost or gained 10 pounds in the last six months	38.4% to 23.5%	41.6% to 26%
I am not physically able to shop, cook, and/or feed myself	44.8% to 41.4%	78.6% to 64%

The data in this table was collected from submitted NAPIS reports from 1/1/2009 to 6/30/2010 (18 months) to capture congregate data that may be collected only once a year and may not fall exactly into the selected 12 month period. The data reflects 22,780 (55%) nutrition screenings out of the 41,337 unduplicated individuals receiving congregate meals. For the home delivered nutrition program there was data for 13,241 (95%) out of 13,935 unduplicated individuals served.

AAA specific data can be obtained by each AAA using their own NAPIS reports. The data shows that the nutrition program, eating nutritious meals, along with other services provided are making a positive impact on the lives and health of the participants. The higher percentage of improvement in nutrition risk scores for congregate nutrition program may reflect the benefit of providing earlier preventive health services which includes providing good nutrition to keep the meal participants healthier.

The Iowa home delivered meal participants are at higher nutrition risk. This percentage remains the same compared to 2009 but the percentage of individuals improving their nutrition risk score has declined from 78.9 percent to 65.5 percent. On average each meal participant received 91.7 OAA funded meals in 2010. This may reflect the number of meal sites serving home delivered meals only two to three days per week, few programs serving high nutrition risk clients more than one meal per day, meals not being delivered due to bad weather or flooding, etc.

The provision of nutrition counseling increased from two units in 2009 to 61 units in 2010. According to NAPIS data, the provision of nutrition counseling remains low in comparison to the number of home delivered meal clients who might benefit from the service. For comparison to other states, the AoA AGID data base for 2008 showed the number of nutrition counseling units to be: Nebraska 705, Wisconsin 681, Vermont 321, Wyoming 225. These states served fewer meals than Iowa. Based on these comparisons, there is opportunity to provide more nutrition counseling as a way to help improve nutrition risk scores and keep older Iowans living in their own homes longer.

## Food Establishment Licensure Requirements

### Iowa Department on Aging 321—7.15(231) Food standards

The AAA or contractor shall, when purchasing food and preparing and delivering meals, comply with all state and local health laws and ordinances concerning preparation, handling and serving food.



### Iowa Department of Inspections and Appeals

#### 30.3(3)

A valid license and the most recent inspection report, along with any current complaint or re-inspections reports shall be posted no higher than eye level where the public can see them. Vending machines shall bear a tag to affirm the license. For the purpose of this sub-rule, only founded complaint reports shall be considered a complaint. Founded complaints shall be posted until either the mail-in recheck form has been submitted to the regulatory authority or a recheck inspection has been conducted to verify that the violations have been corrected.

#### 30.4(11)

If an establishment is licensed as a retail food establishment or food service establishment and has had a person in charge for the entire previous 12-month period who holds an active certified food protection manager certificate from a program approved by the Conference on Food Protection, and the establishment has not been issued a critical violation during the previous 12-month period, the establishment's license fee for the current renewal period shall be reduced by \$50 but no more than the establishment's total license fee(s).

### 481—31.1 (137F)

#### Inspection standards

The department adopts the 2005 Food Code with Supplement of the Food and Drug Administration as the state's "food code" with the following exceptions. (The exceptions can be found online at)

[http://search.legis.state.ia.us/NXT/gateway.dll/ar/iac/0170\\_aging\\_2c%20department%20on%205b17\\_5d/a\\_0170.xml?f=templates\\$fn=default.htm](http://search.legis.state.ia.us/NXT/gateway.dll/ar/iac/0170_aging_2c%20department%20on%205b17_5d/a_0170.xml?f=templates$fn=default.htm)



## March for Meals or Mayors for Meals

Many of you have previously participated in this special event. This is a MOWAA event inviting mayors to help deliver meals on March 23, 2011. The Iowa Department on Aging is supporting this event by sending a letter inviting mayors from across the state encouraging them to get involved. They will be asked to contact their MOWAA to get registered. MOWAA will instruct them to contact their local meal site. Additional encouragement from the local level will help increase the number of mayors involved. This makes a great media event to increase the awareness of your nutrition program. You might want to also contact the mayors to follow up on the IDA letter that will be sent out mid February.

The event could also be used for obtaining additional volunteers or program fund raising. For more ideas and information about this event visit MOWAA web site at

<http://www.mowaa.org/page.aspx?pid=495>. Start planning now.

## Meals on Wheels Regional Meeting

The Meals on Wheels Association of American is planning a regional meeting in early May in Kansas City. The conference will address Emergency Preparedness and Food Safety specifically for elderly nutrition programs. Dates for the conference will be provided later.

## Meals on Wheels Annual Conference

The Meals on Wheels Association of American (MOWAA) held their annual conference in Atlanta, Georgia August 31- September 2, 2010. The conference is targeted to programs providing congregate and home delivered meals. The 2011 conference will be in Chicago August 30-September 4. Their vision is to end senior hunger by 2020. To learn more about the organization visit their web site at <http://www.mowaa.org/>

The following is an example of some of the information provided during the conference.

- **Wellness Interventions Developed and Evaluated in Older Adult Senior Centers in Georgia** by Mary Ann Johnson, Joan Fischer and Katie Porter.  
Lesson plans, activities and chair exercises:  
<http://www.livewellagewell.info>  
<http://www.livewellagewell.info/study/materials/htm>  
<http://noahnet.myweb.uga.edu/plans.html>  
[http://www.livewellagewell.info/study/2008/12- ChairExercisesBallsBands.pdf](http://www.livewellagewell.info/study/2008/12-ChairExercisesBallsBands.pdf)
- **Overview of Centers for Medicare and Medicaid Services** by Renard Murray, CMS Regional Administrator  
There are 10 CMS regional offices in the US. Emphasis is on stopping Medicare fraud. As of August 2010, a billion in health care fraud monies and 300 convictions had occurred. The Recovery Act includes significant funding for incentive payments to eligible physicians and hospital to adopt electronic health records- HITECH Act. CMS has published regulations that provide details to these providers on what they must do to qualify for incentives including “meaningful use”. These payments can begin next in 2011. Patient Protection and Affordable Care Act provides a large number of changes that will begin in 2011 of which CMS is responsible for some including: closing the Part D donut hole; making preventive care free effective 1/1/11; moves Part D open enrollment season to October 15-December 7; discounts on brand name drugs in Part D; reports on health resource utilization to individual physicians; incentives to reduce avoidable hospital readmissions. Medicare resources: [www.Medicare.gov](http://www.Medicare.gov); [www.healthreform.gov](http://www.healthreform.gov)
- **Changing Nutrition Community for Older Adults** by Jean Lloyd, National Nutritionist, Administration on Aging  
Jean gave an overview of the demographics, delivery systems, health care delivery systems, resources and funding. There is an emphasis on increasing the provision of home and community based care (long term services and supports) to enable older adults to remain living in their own homes for as long as possible. She also shared nutrition program data and participant survey results - see tables.

<b>US OAA 2008 State Program Report- AoA AGID</b>		
Demographic	Home Delivered Meals	Congregate Meals
Total People Served	909,913	1,656,634
In Poverty	35% (9.7% census)	28% (9.7% census)
Above Poverty	65%	72%
Minority	24% (19% census)	22% (19% census)
Rural	35% (19.6% census)	39% (19.6% census)
High Nutritional Risk	50% of all HDM participants	17% of all congregate participants
<b>US OAA 2009 Participant Survey</b>		
Question	Home Delivered Meal % of Respondents	Congregate Meal % of Respondents
Single meal provided 50%+ of total food for day	63	58
Don't always have enough \$ or food stamps to buy food	24	13
Choose between food & medications	17	NA
Choose between food & rent or utility	15	NA
Receive food stamps	15	7
Fair to poor health	56	29
Diabetes	35 (16% nationally)	26 (16% nationally)
Meal enabled living at home	93	62
Eating improved health	87	80

- Food Insecurity in Older Americans: What it is and why we should care about it?** by Jung Sun Lee, PhD RD University of Georgia  
 The USDA definition of food insecurity: “Limited or uncertain availability of nutritionally adequate and safe foods, or uncertain ability to acquire acceptable foods in socially acceptable ways”. Food insecurity is a hidden and unique problem in older adults. Many older adults consume fewer nutrients than recommended for good health. This is more significant in food insecure older adults. One of the purposes of the Older Americans Act is to reduce hunger and food insecurity. Jung Sun Lee’s study of the prevalence of food insecurity in older Georgians indicates that food insecurity is increasing. Nutritional professionals and nutrition programs need to measure and monitor food insecurity; improve food and nutrition assistance (capacity, coordination, delivery, access and participation).

## Comparing Food Prices at Area XIV AAA

Submitted by Lily Ripperger



Reducing costs in the Nutrition Program in our Agency has been a major concern. I tried ordering in large quantities to get a better price but still the prices kept soaring. While attending my first Meals on Wheels Association Conference last August, I met Julie Cook Manager, Client Department of MedAssets, Inc. at the vendors’ court. Julie asked me if I would be interested in

the MedAssets program. She said the first step would be to do a cost analysis of our present vendors and sign a “participation agreement” and decide on a prime vendor and give them the majority of our business. There would not be a charge to join the MedAssets program as long as we were members of the Meals on Wheels Association. Julie contacted me shortly after returning home and I sent her a month’s worth of invoices from our two vendors to do the cost comparison. Within a couple of weeks I received a breakdown and was absolutely shocked at the 17.75 percentage the program could save for our agency over a year period. Julie did comment that it was unusual that an agency would save that much but was possible. I asked her to explain again how the program works to my Director and we set up a conference call. He asked many questions and Julie had all the right answers. Our agency felt confident it was a step in the right direction to help control costs.

The process to get signed up took about a month. On January 1<sup>st</sup>, we were signed up with Sysco and were put on the MedAssets price list. We also made a choice of having the Sysco representative call on us weekly as we were accustomed to doing. We could have ordered over on line and saved 1% but I felt we needed the salesman’s expertise and he knew our history of what we order. On the first order with Sysco I did some price comparison with the old and new prices and we had saved \$993.00.

I liked the fact that we still order the way we normally do and receive the same products so basically nothing changed except better pricing.

The point that Julie stressed was we are in the group purchasing plan and they negotiate better prices for their members. I had attended a meeting where the Common Goods Program was explained but didn’t feel it was something our Agency wanted to do at that time. After speaking with Julie and she explained the program one-on-one I felt it would be something that would definitely help our program.

A couple of weeks ago I also signed our Agency up for the discounts on office supplies thru Office Max. It will be a few weeks for arrangements are complete but look forward to the savings in that area also. If any of the AAAs have questions, feel free to contact me. Lily Ripperger, Nutrition Manager, Area XIV Agency on Aging

## **Chef Charles Nutrition Program at Generations AAA**

*Submitted by Catherine Pratscher-Woods*



Generations provides the Chef Charles nutrition education program to their congregate meal sites. Samples of the featured recipe in the newsletter are provided and meal participants evaluate the recipe. Favorite recipes are incorporated into the regular menu cycle. This month, Catherine Pratscher-Woods reports they sampled the broccoli/orange recipe from the January newsletter in Clinton and Scott Counties and it was a huge hit. The meal participants loved it and they have already decided to make it a regular menu item.

Generations AAA has found that adding these types of veggies and salads to the menu over the past three to four years has really helped make the menu a lot more exciting. Catherine received a comment on a menu the other day that said the dinner was okay and the salad (one of our former BASIC tastes) was great. Instead of just giving people plain old broccoli or cooked spinach, they have come up with much more interesting ways to prepare them so that people who would not normally eat spinach or broccoli are enjoying these salads.

For the last few years, Generations has been providing healthy food samples whenever they have a display event to promote the nutrition program. This has been popular and it always gets people to come to the booth. While people are eating the sample, Generations staff engages them in a conversation about the nutrition program. Generations is considering using the new broccoli/orange recipe at fairs and events around their service area to promote the nutrition program.

## New Labeling Requirements

The Food and Drug Administration is requiring restaurants and vending machines to provide nutrition information about the foods they provide. This spring you will see vending machines with nutrient information. Restaurants with more than 20 sites will need to post nutritional information or include it on the menu. Rules are still being written and enforcement will begin in 2012. Food packages will begin have nutrient information on the front of the container and meat packages will also have nutrient information.



Some of the Area Agencies are following this trend of providing customers with more information about the nutrients in the food they are served. Some menus that are posted or sent to home delivered meal participants have the carbohydrate content to help people with diabetes control their blood sugars.

Promote the good nutrition of the meals served at congregate meal sites. Consider posting the menu nutrient analysis next to the menu at congregate meal sites as a way of informing participants of the great nutrients that are in the meals served.

## Iowans Fit for Life



Iowans Fit for Life is a project at the Iowa Department of Public Health that is funded by the Centers for Disease Control. It has a comprehensive nutrition and physical activity plan for all Iowan's. An older adult work group is co-chaired by Tim Getty from Heritage AAA and Carlene Russell from the Iowa Department on Aging. One of the group's action steps is promoting the evidence-based programs Better Choices/Better Health and Matter of Balance. Through the group's efforts to address the problem with falls by older Iowans, plans are underway to develop a statewide falls coalition and to have some media coverage on the impact of falls and what can be done about it each year on the first day of Fall. The group also sponsored a webinar presented by Janet Bulls of Hawkeye Valley AAA on how to conduct a walking event for older adults. Hopefully, numerous communities will be able to have a walking event in May for Older Americans Month.

The older Iowans work group is also promoting increased participation a congregate meal site as a way of improving nutritional intake and keeping older Iowan's healthier. Additionally, many meal sites provide exercise programs and access to health information. The health information could include providing information about the nutrient content of the meals served.

Anyone interested in participating the Iowans Fit for Life Older Adult work group may contact Carlene at [carlene.russell@iowa.gov](mailto:carlene.russell@iowa.gov) or Tim Getty at [tim.getty@kirkwood.edu](mailto:tim.getty@kirkwood.edu).

## National Nutrition Month

National Nutrition Month, an annual nutrition education and information campaign celebrated in March, focuses attention on the importance of making informed food choices and developing sound eating and physical activity habits. For nutrition month resources visit <http://www.eatright.org/nnm/>



## Muscles: Keeping Older Adults Independent

The amount of muscle and muscle strength is associated with functional independence and overall level of health. Loss of muscle leads to more problems, decreased strength and increased risk of disability. Inactivity such as bed rest or hospitalization leads to loss of muscle. A healthy young person with 28 days of inactivity will lose approximately 2 percent of leg muscle mass whereas an older adult with 10 days of inactivity will lose 10 percent of leg muscle mass. The loss is greater for an hospitalized older adult, three days will result in 10+ percent loss. The loss is related to the fact that new muscle is made slower as we age and the loss is accelerated with inactivity and illness or injury.



The nutritional solution is to provide quality protein (meat, poultry, fish, eggs, cheese, milk, peanut butter, etc). Protein needs to be eaten several times a day (breakfast, lunch, supper and snacks) with approximate equal amounts at each meal.

Physical activity also needs to be used to maintain and increase muscle mass. Resistant type of exercises is helpful in developing and strengthening muscles. Investing in good nutrition and physical activity is key in maintaining functionality that allows independence.

Health care reform is looking at ways to help people transition from the hospital to home and prevent readmission to the hospital within 30 days of discharge. OAA nutrition programs have the opportunity to visit with hospital discharge planners to offer home delivered meals immediately upon discharge. Some insurance companies such as Humana have found that providing meals upon discharge helps people recuperate quicker and they are less likely to be readmitted to the hospital.

## Iowa Food and Farm Facts

- Iowans spend \$8 billion on food each year and only 14% is produced within Iowa.
- If Iowans increased their fruit and vegetable consumption to the USDA's Dietary Guidelines (five servings per day) with Iowa grown produce, this would add \$302.4 million and 4,094 jobs to the Iowa economy.
- Eighty-six percent of Iowa's total land base is used for agriculture.
- Fruits and vegetables make up 0.12% of total farm receipts.
- Iowa's top five fruits (by acre) are: apples, watermelons, grapes, cantaloupes and pears.
- The top five vegetables (by acre) are: sweet corn, green peas, snap beans, pumpkins and potatoes.



## ENJOYING NUTRIENT-RICH CANNED BEANS WITH LESS SODIUM

### Draining and Rinsing Canned Beans: An Easy Way to Reduce Sodium

Consumers on low sodium diets are frequently counseled to avoid canned foods, including beans, due to their sodium content. Another option for these consumers is to purchase reduced sodium food products, but these can often be difficult to find.

Recent research shows that consumers can continue to get the great taste, convenience and

nutritional benefits of canned beans by following a common food preparation practice: draining and rinsing. By communicating this practical approach, health professionals can ensure that consumers are reducing their sodium intake, while still enjoying the many benefits of canned beans.

### Reduce the Sodium in Canned Beans in 3 Easy Steps:



**1** Open a can of beans and pour the contents into a colander and drain for 2 minutes.



**2** Rinse the beans under tap water for at least 10 seconds.

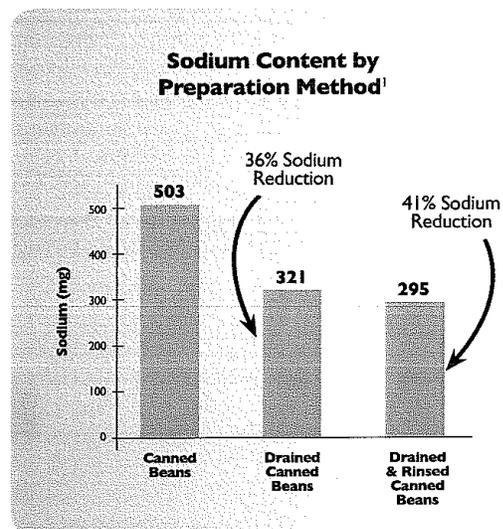


**3** Allow beans to drain for 2 more minutes.

### Draining & Rinsing Canned Beans: The Evidence

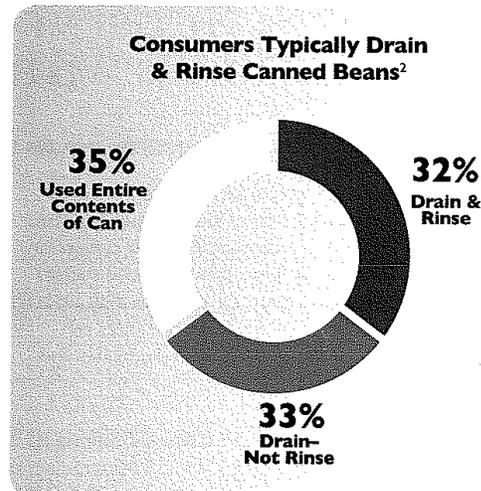
University-based researchers recently studied the effect of draining and rinsing canned beans on their sodium content.<sup>1</sup> The average sodium content per serving of multiple brands of five types of popular canned beans (red kidney, garbanzo, pinto, black, and Great Northern) were measured three times: in their packing liquid, after draining the packing liquid for 2 minutes, and after rinsing the drained beans with tap water for 10 seconds and then draining for 2 more minutes.

All brands and all types of beans demonstrated significant reductions in sodium after both draining and draining followed by rinsing. Overall, the draining treatment reduced sodium by 36%, from 503 mg/serving (21% Daily Value) to 321 mg/serving (13% Daily Value). **Draining followed by rinsing reduced sodium by 41%**, from 503 mg/serving (21% Daily Value) to 295 mg/serving (12% Daily Value).



### **Draining and Rinsing Canned Beans: A Common Practice**

According to a recent online survey, draining and rinsing canned beans is a widely practiced food preparation technique.<sup>2</sup> 65% of respondents reported that they drain, or drain and rinse, canned beans prior to using them. In effect, the large majority of canned bean users are reducing the sodium content of canned beans by utilizing this widely practiced technique, regardless of whether or not that was their intent.



### **Tips for Enjoying Nutrient-Rich Canned Beans**

Help clients manage their sodium intake while enjoying more nutrient-rich and convenient vegetables, such as canned beans.

- Add veggies, such as canned beans, mushrooms, spinach and tomatoes, to scrambled eggs or an omelet. Enjoy a breakfast burrito with eggs, cheese, and canned beans.
- Stir canned beans into soups, stews, and chili.
- Add canned beans to a jar of salsa—then serve with chips or use it as a topping for baked potatoes.
- Toss your favorite variety of canned beans in a mixed green or pasta salad. Try a Cobb salad topped with canned black beans, chopped tomatoes, diced avocado, and sweet corn.
- Blend canned beans, such as garbanzo beans, to make hummus or another tasty spread for sandwiches and wraps. Or use it as a dip with raw veggies and crackers.

For more recipe ideas, visit [www.VegetableWithMore.com](http://www.VegetableWithMore.com).



1. Jones JB, Mount JR. Sodium Reduction in Canned Bean Varieties by Draining and Rinsing, 2009; Institute of Food Technologists Conference Poster, Anaheim, California.

2. Synovate, eNation, 2009. Online survey conducted among 921 adult canned bean purchasers living in the contiguous United States.

## RESOURCES

### Health Promotion



- **May is Older Americans Month:** The 2011 theme is “Connecting the Community” –it pays homage to the many ways in which older adults bring inspiration and continuity to the fabric of our communities. It also highlights the many ways technology is helping older Americans live longer, healthier and more engaged lives. Information to help you celebrate Older Americans Month will be coming soon. For resources visit [http://www.aoa.gov/AoARoot/Press\\_Room/Observances/2011/Older\\_Americans.aspx](http://www.aoa.gov/AoARoot/Press_Room/Observances/2011/Older_Americans.aspx)
- **CDC Healthy Aging Issue Briefs:** This website provides information on care giving, emergency preparedness, oral health, shingles vaccination and smoking. Visit [www.cdc.gov/aging/publications/briefs.htm](http://www.cdc.gov/aging/publications/briefs.htm).
- [www.MyMedicareMatters.org](http://www.MyMedicareMatters.org) gives an overview of Medicare programs and has an “Ask the Expert” section. Information on this site is also available in Spanish.
- **New Fall Guidelines:** Fall screening and prevention should be a part of all healthcare practices for older adults. Guidelines include: Tai Chi and cut back on meds. [http://www.eurekalert.org/pub\\_releases/2011-01/w-ngf011011.php](http://www.eurekalert.org/pub_releases/2011-01/w-ngf011011.php)
- **Driving stimulators:** Older lowans could benefit from training programs that put them behind the wheel – in a driving stimulator, with an observer who helps them develop their skills. ”(<http://www.psychologicalscience.org/index.php/news/releases/driving-simulators-help-older-adults-improve-their-road-skills.html>)
- **Shingles Vaccine is Effective:** “A study of more than 300,000 elderly patients showed that the underutilized herpes zoster vaccine reduced the incidence of painful shingles outbreaks by 55%, even in the oldest populations”  
<http://www.latimes.com/health/boostershots/la-heb-vaccine-for-shingles-works-20100111,0,5500423.story>
- **Light Therapy Shows Promise for Seniors' Depression:**  
“The bright-light therapy often used to fight the "winter blues" may also ease major depression symptoms in older adults, a small clinical trial suggests”  
<http://www.reuters.com/article/idUSTRE70545V20110106>
- **Cigarettes are responsible for one in every five deaths in the United States each year and one-half of all long-term smokers are killed by smoking-related diseases.** In December 2010, the Surgeon General’s office released the latest Surgeon General’s report on tobacco. This report contains important new information on how tobacco smoke causes disease and explains why it is crucial to stop smoking and avoid secondhand smoke. [\*\*\*A Report of the Surgeon General: How Tobacco Smoke Causes Disease: What It Means to You\*\*\*](#) is an easy-to-read, 20-page booklet that summarizes the full report and provides practical information about the dangers of tobacco use and what people can do to quit tobacco use and protect themselves and their families from exposure to tobacco smoke.

- **Study Clarifies Needs of Rural-Dwelling Elderly:** A novel project set in a rural community near Rochester, N.Y., to screen elderly people for unmet needs showed that, indeed, there is a great opportunity to match older adults with professional assistance. <http://www.urmc.rochester.edu/news/story/index.cfm?id=3035>
- **Strength training** for seniors provides cognitive function, economic benefits: [http://www.eurekalert.org/pub\\_releases/2010-12/uobc-stf121310.php](http://www.eurekalert.org/pub_releases/2010-12/uobc-stf121310.php)
- **Falls Prevention Webinars:** Iowa Geriatric Education Center presents lecture series on falls assessment and intervention. Visit [www.healthcare.uiowa.edu/gec](http://www.healthcare.uiowa.edu/gec) for the monthly schedule.

## Nutrition Education

- **Facts about Vitamin D:** a two-page publication summarizes key facts about vitamin D—why we need it, what happens if we don't get enough, how much we need, how we can get enough, supplements, and how much is too much. <http://edis.ifas.ufl.edu/FY207> 
- **Nutrition Labeling:** a Database for fresh meat labeling is available at [www.beefretail.org](http://www.beefretail.org), at this link, <http://beefretail.org/nutritionlabeler/>. The nutrient data provided by this interactive web-based application is from [Standard Release 23 of USDA's National Nutrient Database](#) (2010) and supplies the nutrition information as required by the FSIS Rule in both a label and poster format.
- **More evidence supporting lower salt intake:** The American Heart Association along with other health experts recommends lower limits on daily salt intake for everyone- 1,500 mg of sodium daily. This is the level that was previously recommended for older adults. A low-salt diet not only improves blood pressure, but may fight heart disease directly. [Click to learn more](#)
- **Eating Healthier Means Living Longer:** “Diets favoring certain foods were associated with reduced mortality” [http://www.eurekalert.org/pub\\_releases/2010-12/ehs-ehm121610.php](http://www.eurekalert.org/pub_releases/2010-12/ehs-ehm121610.php)

## Assistance Programs

- **Food Assistance video:** ISUE video focusing on food assistance for older adults is available at <http://video.extension.iastate.edu/> 

## Did You Know

- **Charging for Services:** The demand for long-term services and supports will continue to grow along with the growing aging population. Government funding has not kept pace with the rapidly growing aging population. As a result, nonprofits must look for other sources of revenue. For information on tapping in to self-pay, visit this NCOA website [http://www.ncoa.org/strengthening-community-organizations/funding-sustainability/12-sources-articles/source-1.html?utm\\_source=SCV\\_1101&utm\\_medium=newsletter&utm\\_campaign=SCV#](http://www.ncoa.org/strengthening-community-organizations/funding-sustainability/12-sources-articles/source-1.html?utm_source=SCV_1101&utm_medium=newsletter&utm_campaign=SCV#)



### **Iowa Department on Aging Mission**

To provide advocacy, educational, and prevention services to help Iowans remain independent as they age.

IDA provides over \$30 million in services through a network of 13 Area Agencies on Aging across the state. For more information on the Iowa Department on Aging (IDA), visit <http://www.aging.iowa.gov>. To locate resources for older adults and people with disabilities, visit <http://www.lifelonglinks.org/>.

### **Iowa Department on Aging**

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